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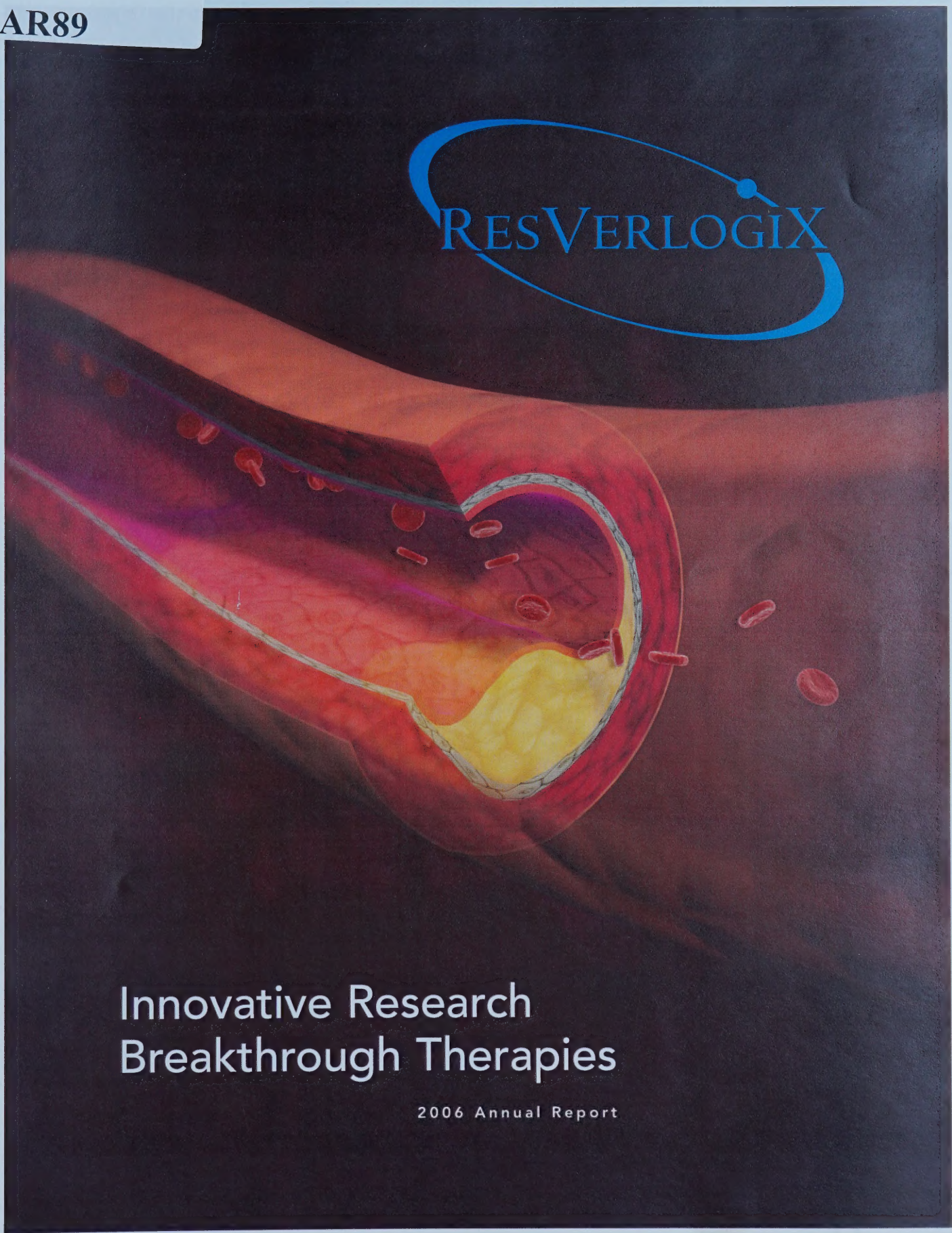


Innovative Research Breakthrough Therapies

2006 Annual Report

CONTENTS

We are committed to the research and development of innovative therapies to fight grievous illnesses, including cardiovascular disease, cancer and fibrotic conditions.

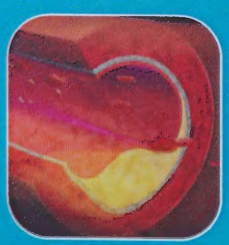
FORWARD-LOOKING STATEMENTS AND CAUTIONARY FACTORS THAT MAY AFFECT FUTURE RESULTS

Statements contained in this annual report are not based on historical fact including without limitation statements containing the words "believes", "anticipates", "plans", "intends", "will", "should", "expects", "continue", "estimate", "forecasts" and other similar expressions and constitute forward-looking statements. Such forward-looking statements involve known and unknown risks and uncertainties that could cause actual results, events or developments to be materially different from those expressed or implied by such forward-looking statements. These risks include, but are not limited to those associated with the success of research and development programs, the regulatory approval process, competition, securing and maintaining corporate alliances, market acceptance of our products, the availability of government and insurance reimbursements for our products, the strength of intellectual property, financing capability, the potential dilutive effects of any financing, reliance on subcontractors and key personnel.

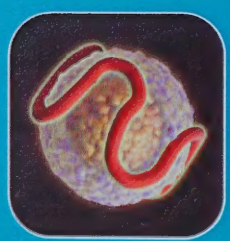
Although such expectations are viewed as reasonable, no assurance can be given that such expectations will be realized. Given these risks and uncertainties, readers are cautioned not to place any undue reliance on such forward-looking statements. We disclaim any intention and have no obligation or responsibility, except as required by law, to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise.

Atherosclerosis is one of the main underlying causes of cardiovascular disease – the leading cause of death in the Western world. Resverlogix's leading program NexVas™ is developing novel therapeutics for many types of cardiovascular diseases including the reversal or prevention of atherosclerosis by increasing ApoA-I. For more information please visit our award winning animation at www.resverlogix.com/nexvas-ApoA-I.htm.

Early stage atherosclerosis



Mild stage atherosclerosis



Mature HDL/ApoA-I particle

After ApoA-I therapy

Shaping Future Opportunities in Drug Development

We are an emerging biotechnology company working towards the development of novel therapies for unmet medical markets. Our goal is to improve the quality and longevity of patient's lives by becoming a leader in the research, development and commercialization of products for cardiovascular disease (CVD). Our primary technology platform is focused on drug development for early to late stage CVD; we currently have three programs that will address patients through all stages of the disease. Our second technology platform is engaged in the development of therapeutics to treat cancer and fibrotic conditions.

Much attention has been given to high-density lipoprotein (HDL) as a predictive marker for CVD. Resverlogix scientists are confident that Apolipoprotein A-I (ApoA-I), the key building block of HDL, is a leading predictor of CVD. Recent clinical evidence in support of this has demonstrated that ApoA-I can not only stop the progression of atherosclerosis but actually remove plaque. The landmark AMORIS study, with 175,000 patients, concluded that ApoA-I is the key predictive factor of myocardial infarcts and other CVD events[1]. INTERHEART, which included 29,000 subjects, concluded that the ApoA-I/ApoB ratio is the strongest modifiable risk factor of acute myocardial infarction[2].

NexVas™ Plaque Regression (NexVas PR), our primary CVD program is focused on developing novel small molecules to target ApoA-I to stabilize or regress atherosclerotic plaque. Resverlogix has a world lead with this therapeutic approach and is currently the only company to have a small molecule program to selectively upregulate ApoA-I. We have recently selected a lead compound for administration in man which will accelerate our clinical development.

NexVas™ Vascular Inflammation (NexVas VI), our second program is researching novel small molecules to regulate pro-inflammatory mediators of atherosclerosis. The development of anti-inflammatory agents is poised to be a significant therapeutic breakthrough in the treatment of inflammatory related vascular diseases.

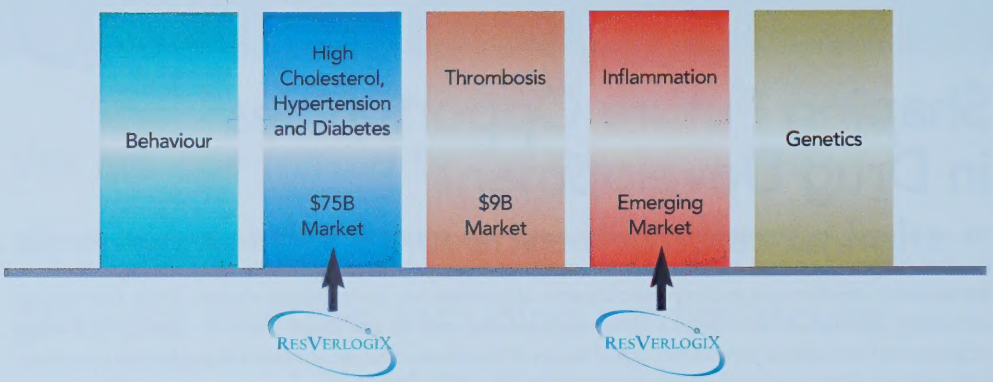
ReVas™, our third program is dedicated to the research and development of therapeutic agents to be used with medical devices and biomaterials for the local treatment of CVD. We have partnered this technology with Medtronic Inc., a world leading medical technology organization. The Medtronic Inc. – Resverlogix Corp. alliance represents one of the largest discovery deals for a biotechnology company in Canada.

Our TGF-ß Shield™ technology platform aims to address the unmet medical needs of cancer and fibrosis. We are investigating the ability of a naturally occurring protein to inhibit the detrimental effects of TGF-ß on the immune system. We have also expanded our TGF-ß platform to treat fibrotic indications of the eye, heart, kidney, lung and liver.

Our mission is to advance our technology platforms in the research and development of therapies to restore health and save lives. Our business model is aligned with this scientific pursuit. We maintain a commitment to seek early-stage strategic partnerships with global life science companies for successful and timely product commercialization. We are committed to providing fiduciary responsibility, good corporate governance and maximizing shareholder value.

1. Walldius, G. et al; 2001; *Lancet*; 358(9298):2026-33.
2. Yusuf, S. et al; 2004; *Lancet*; 364(9438):937-52.

Key Markets for CVD

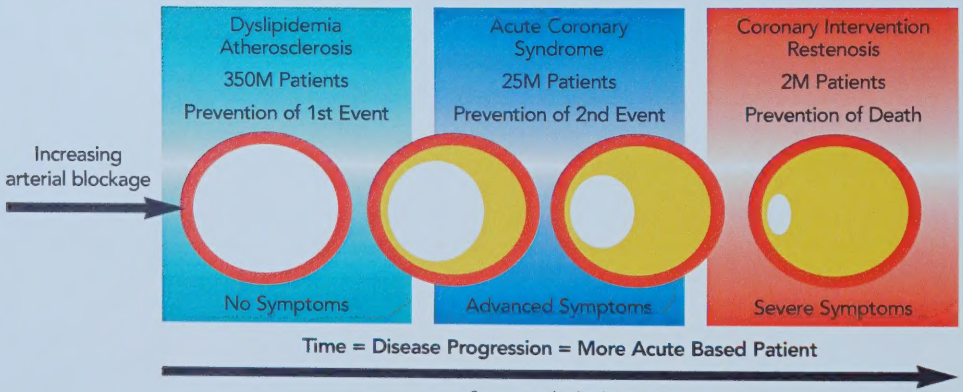


Source: Epidemiology of Inflammatory Markers and CHD (Paul Ridker, MD, MPH).

Above: Our research targets two major risk factors for cardiovascular disease (CVD). Our NexVas™ PR, NexVas™ VI and ReVas™ programs are focused on developing novel therapies that target the risk areas of lipid management and the emerging area of vascular inflammation. With multiple approaches to target CVD risk reduction, we are well positioned to address patients suffering from this grievous illness.

Below: This image is a cross-section of an artery, illustrating the progression of atherosclerotic plaque, its clinical manifestation and the number of people (M=millions) in the developing world that have CVD. From left to right CVD patients have increased the burden of atherosclerosis resulting in debilitating symptoms and increasing severity of disease (far right column). It is the intent of NexVas and ReVas therapies to address patient's needs throughout this continuum from the first stage of dyslipidemia through to end stage restenosis.

CVD Progression



Source: www.lipidsonline.org

"ApoA-I is the newly recognized measure for cardiovascular disease; it has been shown in clinical studies to remove coronary plaque. Resverlogix is pioneering the way for the creation of first in class drugs utilizing ApoA-I."

Dr. Jan O. Johansson, M.D., Ph.D., Senior VP Clinical Affairs

ApoA-I: A Validated Target

During the past thirty years, an abundance of research has established that ApoA-I is a modifiable risk factor and functional target for reducing cardiovascular disease (CVD). This beneficial role of ApoA-I has been well documented in studies focused on high-density lipoprotein (HDL), or the "good cholesterol", and more recently in studies with recombinant or synthesized ApoA-I. Furthermore, clinical evidence has demonstrated that ApoA-I can not only stop the progression of atherosclerosis but actually remove plaque. Thus not only is ApoA-I an appropriate target, but changes in ApoA-I directly effects patient outcomes. These discoveries and advances are creating considerable excitement in the scientific and pharmaceutical communities. ApoA-I is quickly earning the moniker as "the cardioprotective protein".

In 2001 and 2004, two epidemiological studies were published that validated the importance of ApoA-I. The AMORIS study, a 175,000 prospective population study with a follow up duration of 8.3 years, demonstrated that ApoA-I is the key protective factor of fatal myocardial infarct and other CVD events including stroke[1]. The INTERHEART study, a case-control comparison between 15,000 patients of a myocardial infarction and their age and gender matched controls, concluded that the ApoA-I/ApoB ratio is the strongest modifiable risk factor of acute myocardial infarction[2]. These studies will facilitate the rapid clinical and market adoption of our ApoA-I program because of the significant number of people involved.

Establishing cause and effect in medicine and science is often a difficult if not an impossible feat. However, two studies where recombinant ApoA-I was administered intravenously to patients lent strong support to the notion that ApoA-I is responsible for plaque reduction. In a study led by Dr. Eriksson, a single infusion of rpro-ApoA-I increased neutral sterol excretion by 33% – that is the elimination of 5-7% of cholesterol from the body[3]. In a similar study utilizing ApoA-I*Milano*,the removal of 4.2% of coronary atherosclerosis was observed in patients with acute coronary syndromes[4]. These two monumental studies confirmed the relationship between increasing ApoA-I and the regression of atherosclerotic plaque.

Given these studies and others, the physiological approach of increasing endogenous ApoA-I production, via the oral administration of small molecules, is the next step in the fight against atherosclerosis – some have stated that this is the *Holy Grail* of cholesterol management and anti-atherosclerotic research and development.

Having just selected a lead candidate for administration in man, we are very excited about the potential of this new technology and the implications that it will have on patients suffering from cholesterol related conditions. In the next year, we expect that the first administration in man will accelerate our clinical development as to selecting the pharmacological doses needed to significantly raise ApoA-I. On a personal and final note, through my work at the Karolinska Institute in Sweden to my days at Esperion, I am impressed at our ability to increase ApoA-I up to 180% in animal studies and by the team of Canadian scientists working on this novel approach.

– Dr. Jan O. Johansson, Senior VP Clinical Affairs

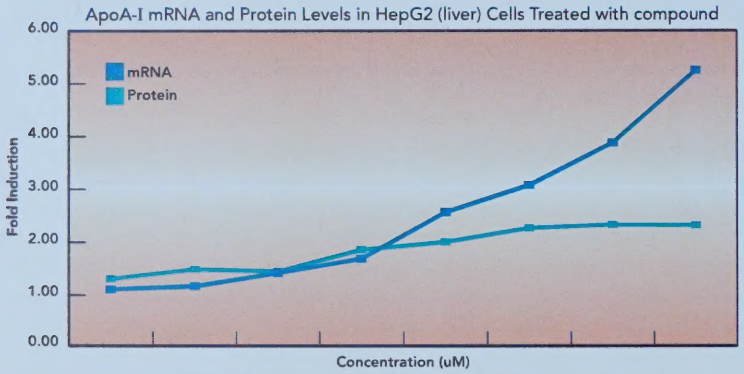
3. Eriksson, M. et al; 1999; *Circulation;* 100; 594-598.
4. Nissen, S.E. et al; 2003 Nov 5; JAMA; 290(17):2292-300.

"Resverlogix has made remarkable progress in developing small molecules to enhance the transcription of ApoA-I. These molecules have excellent drug-like properties, and are being rapidly moved into clinical development."

Dr. Gregory S. Wagner, Ph.D., Senior VP Preclinical Development

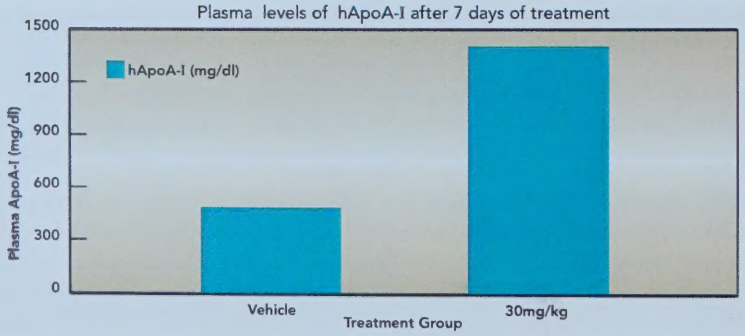
Resverlogix – an International Leader for Enhancement of ApoA-I

NexVas™ ApoA-I 208*
In Vitro



Data demonstrates an increase in ApoA-I mRNA and protein

NexVas™ ApoA-I 208*
In Vivo



Data demonstrates an increase of ApoA-I in plasma

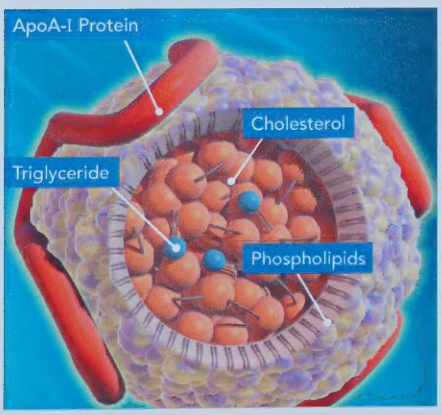
*Denotes Resverlogix's lead compound

On the Vanguard

Diseased artery with atherosclerosis | NexVas PR small molecule therapy | After NexVas PR therapy

NEXVAS™ PR (PLAQUE REGRESSION)

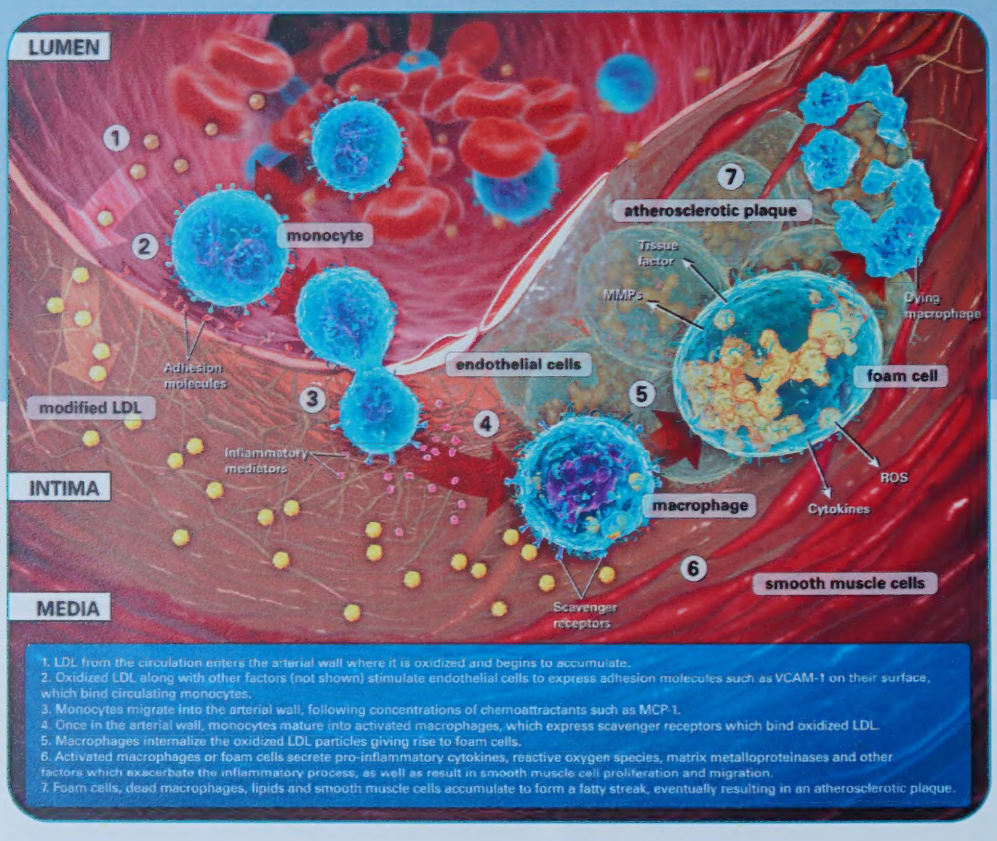
NexVas PR is our lead program focused on developing novel small molecules to target ApoA-I to stabilize or regress atherosclerotic plaque. High levels of ApoA-I have been clinically proven to substantially reduce cardiovascular disease (CVD). The process by which this happens is called reverse cholesterol transport, where cholesterol is removed from the arteries and delivered to the liver for elimination from the body. In preclinical testing, our small molecules have demonstrated the ability to increase plasma ApoA-I resulting in cholesterol excretion. We are methodically moving our compounds forward by commencing microdosing studies in man. Microdosing is an important step that assists in lead compound characterization by establishing the pharmacokinetic properties of a drug candidate and can assist in the prediction of an efficacious dose in man.



Resverlogix has a world lead with this therapeutic approach and is currently the only company to have a small molecule program to selectively upregulate ApoA-I. By taking this unique physiological approach, whereby we activate the body's own health promoting genes (such as ApoA-I) to fight diseases, our NexVas PR program has the capacity to become a leading force in the largest life science market in the world.

Building Eminence in Our Research

Vascular Inflammation Pathway

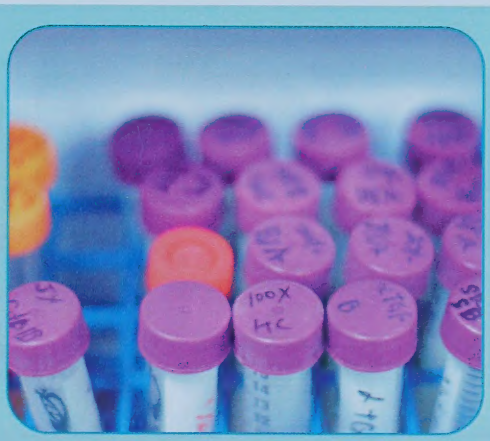


NEXVAS™ VI (VASCULAR INFLAMMATION)

Our understanding of cardiovascular disease (CVD) risk is in a constant stage of evolution. Recent advances have emphasized the involvement of chronic inflammation in the formation of atherosclerotic plaques. We have taken the strategic step to begin a research program to identify novel small molecules to regulate pro-inflammatory mediators of atherosclerosis.

REVAS™

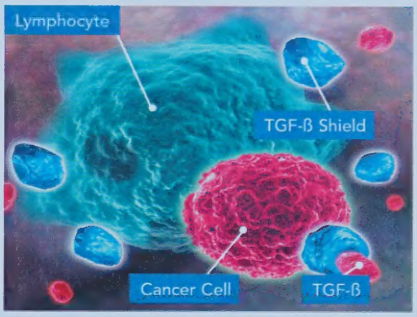
ReVas is dedicated to the research and development of therapeutic agents to be used with medical devices and biomaterials for the local non-systemic treatment of CVD. Together with our partner, Medtronic Inc., we aim to identify small molecules that will be used with drug-eluting stents (DES) to treat restenosis. Worldwide, more than 6 million patients have received DES since they were launched in 2002. This market has grown to approximately $5 billion USD within the last five years. We believe that by expanding our franchise into all stages of the disease we will maximize our ability to treat patients.



TGF-ß SHIELD™

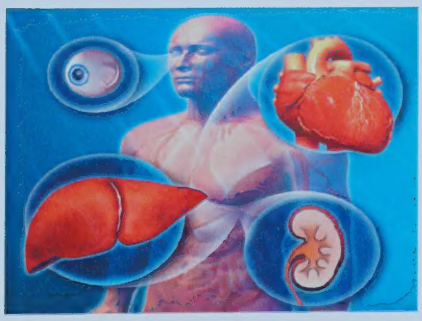
Anti-cancer Therapy

It is estimated that cancer affects one in three individuals. It is now known that some cancers evade the immune system by secreting TGF-ß to escape from cancer killing immune cells. Our scientists are investigating the ability of a naturally occurring protein to inhibit the detrimental effects of TGF-ß on the immune system. The market for cancer therapeutics is expected to generate sales in excess of $60 billion USD globally by 2010.



Anti-fibrosis Therapy

Fibrosis is a general term for diseases resulting from the formation of pathological scar tissue in an organ. Empirical evidence has shown fibrosis to be a major cause of morbidity and premature mortality. Dysregulation of TGF-ß may result in excessive scarring and eventual tissue fibrosis, which can lead to organ failure and death. We have expanded our TGF-ß platform to treat fibrotic indications of the eye, heart, kidney, lung and liver. Our experiments have examined the effect of the TGF-ß antagonist in ocular cells. We are currently examining the effects of our technology in suitable animal models of fibrosis.



Letter to Shareholders

July 19, 2006
ReVas License Agreement with Medtronic Inc.

Sept. 11, 2006
Announces First Administration in Man Studies

Sept. 28, 2006
Selects lead molecule which raises ApoA-I up to 180%

Dear Valued Shareholders,

This has been a year of dedication, progress and success for Resverlogix; the future has never held more potential. We have expanded our cardiovascular disease (CVD) franchise into multiple promising opportunities with our NexVas™ PR, NexVas™ VI and ReVas™ technologies. CVD is the leading cause of death in the Western world. It has touched us all personally, directly or indirectly, therefore from a health perspective we stand to save lives while improving the quality of life. From a market standpoint, we are positioned to lead the world in research for CVD risk prevention with our small molecule program. Our NexVas PR program – focused on the increasing ApoA-I – aims to develop a therapy in one of the largest markets in the pharmaceutical industry, with annual worldwide revenues of approximately $28 billion USD.

We have an outstanding group of employees, some world renowned, with impressive levels of education and expertise. This past year we have added significant talent to our senior management team. Dr. Gregory S. Wagner, Ph.D., is Senior VP Preclinical Development, and brings 30 years of successful experience in preclinical drug development. Our Scientific Advisory Board was strengthened when Dr. George Adams, Ph.D. and Dr. James K. Liao, M.D. joined as board members. For the past thirty years, Dr. Adams has been an expert in thrombosis and vascular biology along with the development and commercialization of medical devices. Dr. Liao is the Director of Vascular Research, Cardiovascular Division, Department of Medicine Brigham & Women's Hospital and Harvard Medical School in Cambridge, Massachusetts. Mr. Kelly McNeill is our new Chief Financial Officer; previously employed by SMED and Haworth. Shortly thereafter, Theresa Kennedy came to us from Hill & Knowlton and is our current VP of Corporate Communications.

Our science has never been stronger. Our increased research and development has expanded our CVD franchise. For example, we recognized the serious issue of thrombosis associated with today's drug-eluting stents (DES). Knowing that the marketplace would require a next generation of DES, we sought a long-term partnership with Medtronic Inc. We entered into a licensing agreement with Medtronic Inc. for our ReVas™ technology, a collaboration representing one of the largest discovery alliance deals for a biotechnology company in Canada.

Aug. 23, 2006
Granted Foreign Private Issuer status in United States

Aug. 14, 2006
Expands its CVD franchise into Vascular Inflammation

May 4, 2006
Expands NexVas ApoA-I Program into Stroke

April 28, 2006
NexVas Animation Wins International Telly Award

Dec. 22, 2005
License Agreement Term Sheet for ReVas Program

Sept. 30, 2005
ApoA-I increase in multiple Animal Models

Aug. 8, 2005
Intellectual Property Portfolio to include Drug Eluting Medical Devices

July 29, 2005
Establishes subsidiary: RVX Therapeutics Inc.

July 11, 2005
Breakthrough in ApoA-I research: Expands NexVas Program

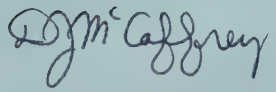
Under the terms of this agreement, Medtronic Inc. has worldwide rights to develop and commercialize our ReVas technology with DES for the treatment of CVD, in particular restenosis. Resverlogix is eligible to receive up to $291 million USD in combined payments. This partnership validates our corporate business strategy – to develop multiple opportunities with global leading life science organizations in distinct CVD markets. This will also act as an important stepping stone for our next partnership initiative with NexVas PR.

Our NexVas programs are moving forward at rapid speed while advancing our product pipeline. Having achieved our milestone of choosing a lead molecule for the first administration in man studies, we have taken a significant step along the path in developing NexVas PR. Our continued discussions with several of the largest pharmaceutical companies have provided significant scientific and business insights. We maintain that we will partner with one of these companies when shareholder value is maximized.

Finally, our hard work and dedication is driven by our unprecedented sound scientific data, our ability to work as a unified team in a positive environment, while maintaining a firm commitment to our shareholders.

We are all looking forward to another great year ahead.

Sincerely,



Donald J. McCaffrey,
President and CEO
October 27, 2006

Meet Our Senior Management Team

Donald J. McCaffrey, President and CEO, Secretary and Co-founder. Don has led Resverlogix to becoming a TSX listed company while raising over $20 million. He has strategically directed the Company in its discussion with top global pharmaceutical companies, and created new therapeutic markets for its key technology platforms. Prior to Resverlogix, Don spent 25 years as a business owner in tradeshow and international conference development in various industries including biotechnology. Don advises a number of companies and currently serves as a Director for Amorfix Life Sciences Ltd.

Dr. Norman C.W. Wong, M.D., F.R.C.P., Chairman SAB and Co-founder. Norman's most recent successes have come from elucidating the potential therapeutic opportunities for cardiovascular disease by harnessing the regulation of Apolipoprotein A-I gene expression. Norman keeps active in the academic community with speaking engagements at national and international medical conferences. He has been the author and co-author of more than 220 articles and abstracts and has been invited to sit on more than 35 panels and committees.

Dr. Jan O. Johansson, M.D., Ph.D., Senior VP Clinical Affairs. Jan has more than 16 years experience as a practicing physician and in academic medicine from the Karolinska University Hospital, Stockholm, Sweden. In 1995 he joined Pharmacia to lead the clinical development of the ApoA-I*Milano* project, a project that became the cornerstone of the company he co-founded 1998, Esperion Therapeutics, Inc. which was bought by Pfizer for $1.3 billion USD.

Kelly McNeill, B.Comm, M.Acc., C.A., CFO. Kelly was former General Manager at Haworth Ltd., a subsidiary of Haworth Inc., a privately owned multinational office interiors manufacturer. Previously VP Finance at SMED International, he was part of a team which successfully defended a hostile takeover bid and sold the Company to Haworth Inc. for a 74% premium over the share price prior to the unsolicited offer. Kelly was also involved in raising equity financing in a secondary public offering on the TSX and NASDAQ for SMED in 1998.

Kenneth Lebioda, B.A., Senior VP Business and Market Development. Ken has 20 years experience in the pharmaceutical and biotechnology industry, with senior management positions with Bristol Myers Squibb, Hoechst Marion Roussel and Marion Merrell Dow in the areas of sales, business development, regulatory affairs, reimbursement, market access, government affairs and group payer relations. He has been successful in helping developing leading CVD global pharmaceutical brands such as Cardizem CD, Pravachol, Plavix and Avapro.

Dr. Gregory S. Wagner, Ph.D., Senior VP Preclinical Development. Greg has more than 30 years experience in early drug and pharmaceutical development. He has worked with Kosan Biosciences, Sugen (a subsidiary of Pharmacia), and Rigel Inc. His expertise is focused on toxicology, drug metabolism, pharmacokinetics and pharmacology. He was a leading force in the early preclinical preparation and development of several important new drug programs such as Sutent, Pfizer's new cancer drug.

Theresa Kennedy, B.Sc., VP Corporate Communications. Theresa came to Resverlogix from Hill & Knowlton where she headed their Life Science department. She has 15 years in the biotechnology industry in leadership roles. During her recent tenure she provided senior counsel to biotech companies in the areas of corporate positioning, media strategy, stakeholder outreach and government relations. In the past she has given many lectures including at Oxford for courses on strategic science communications. Theresa received her B.Sc. from the University of Calgary.

Glossary

Apolipoprotein the protein combined with a lipid to form a lipoprotein, a component of HDL and LDL.

ApoA-I is the apolipoprotein component of the HDL particle.

ApoB is the apolipoprotein component of the LDL particle.

ApoA-I*Milano* a naturally occurring variant of ApoA-I, discovered in the body of some people from Limone-sul-Garda, Italy.

Atherosclerosis a disease in which the deposition of lipids and plaque in arteries results in the hardening and decrease of arterial lumen size.

Atherosclerotic Plaque the deposit or accumulation of lipid-containing plaques in the arterial wall *(also known as atheroma)*.

Biomaterial a natural or synthetic material that is suitable for introduction into living tissue especially as part of a medical device.

Cancer a disease characterized by abnormal and uncontrolled cell growth.

Cardiovascular Disease (CVD) is a group of diseases of the heart and blood vessels.

Cholesterol a fatty molecule essential for normal body functions, including the production of hormones and bile acids; it is also an important component of a cell membrane.

Compound a chemical substance formed from two or more elements *(also see drug)*.

Clinical Trial/Study a research study in human subjects to evaluate a new drug, medical device, biologic or other intervention under a strictly controlled scientific setting.

Drug is any substance that can be used to modify a chemical process or processes in the body to mitigate, treat or prevent a medical condition.

Drug Eluting Stent (DES) a cylindrical medical device, typically made of bare metal or a polymer, which is inserted into a body duct or tube, such as an artery, to prevent collapse.

Dyslipidemia a disorder associated with abnormal levels of blood lipids and lipoproteins.

Extracellular Matrix (ECM) the space surrounding a cell containing biochemical molecules, such as proteins and/or sugars providing a structural element in tissues.

Food and Drug Administration (FDA) is the United States governmental agency responsible for the approval, manufacture, usage and sale of food, human diagnostics and therapeutic products.

Fibrosis the development of fibrous tissue in an organ.

hApoA-I human ApoA-I *(see "ApoA-I")*.

HepG2 a human cell line derived from the liver or hepatocytes (liver cells).

High-density Lipoprotein (HDL) a complex of lipids and proteins (ApoA-I) that function in the transport of cholesterol away from the tissues to the liver and is associated with a decreased risk of atherosclerosis and coronary heart disease *(also known as "good cholesterol")*.

in vitro an experimental procedure conducted artificially, such as in a test tube or culture media.

in vivo an experimental procedure conducted in a living organism.

Investigational New Drug (IND) the application submitted to the FDA prior to being tested in humans in clinical trials.

Low-density Lipoprotein (LDL) a complex of lipids and proteins (ApoB) that function by transporting cholesterol to the tissues, in particular the arteries, and is associated with an increased risk of atherosclerosis and coronary heart disease *(also know as "bad cholesterol")*.

Lipids are fatty substances, including cholesterol and triglycerides that are present in cell membranes and body tissues.

Lipoproteins a complex of proteins and lipids that are the principle means by which fat and cholesterol is transported in the blood; major lipoproteins are LDL and HDL.

Macrophage a type of white blood cell that ingests foreign particles, including cholesterol.

Medical Device a diagnostic or therapeutic article that does not work by chemical action *(see DES)*.

Messenger RNA (mRNA) a form of RNA that carries the genetic code for a particular protein from the DNA in the cell's nucleus to a ribosome in the cytoplasm and acts as a template for the formation of that protein.

Monocyte a white blood cell that circulates in the blood and becomes a macrophage when it enters the body's tissues and organs.

Pharmacokinetics the study of how a drug is absorbed, distributed, metabolized and eliminated (ADME) by the body over time.

Pharmacological Agent *(see "Drug")*.

Phase I Clinical Trial a smaller scale trial, where a drug is first tested on a small number of healthy human volunteers to evaluate the drug's safety, schedule, dose, pharmacokinetics and pharmacodynamics (an approximate 1-2 year time trial).

Phase II Clinical Trial a study intended to evaluate the efficacy of a new drug in patients suffering from the condition that the drug is intended to treat (an approximate 1-3 year time trial).

Phase III Clinical Trial a pivotal, large scale study conducted to demonstrate the safety and efficacy of a new drug in a random population of patients suffering from the condition that the drug is intended to treat (an approximate 2-5 year time trial).

Preclinical Studies the studies conducted in animals to evaluate the toxic effects, pharmacokinetics and metabolism of a drug to provide evidence for safety, efficacy and bioavailability of the drug prior to its administration to humans in clinical studies.

Recombinant pro ApoA-I (rproApoA-I) is the recombinant version of the original secreted form of ApoA-I.

Restenosis the re-narrowing of the inside of a vessel, typically a complication after an angioplasty.

Therapeutic a biopharmaceutical useful for treating a disease.

Corporate Information

Directors

Dr. William A. Cochrane,[1][2]
O.C., M.D., F.R.C.P., F.A.C.P.
Director and Chairman,
Calgary, Alberta

Donald J. McCaffrey,[3]
Director, Co-founder,
CEO and Secretary,
Calgary, Alberta

Wayne Chiu,[1][2]
Director,
Calgary, Alberta

Dr. Donald Rix, M.D., F.R.C.P.,[2][3]
Director,
Vancouver, British Columbia

Whitney O. Ward,[1][3]
Director,
Eagle, Colorado

Note:
(1) Member of the Audit and Finance Committee
(2) Member of the Compensation Committee
(3) Member of the Governance Committee

Officers

Donald J. McCaffrey,
President and Co-founder,
CEO and Secretary

Kelly McNeill, B.Comm (Hons), M.Acc., C.A.
Chief Financial Officer

Dr. Jan O. Johansson, M.D., Ph.D.
Senior VP, Clinical Affairs

Kenneth Lebioda,
Senior VP, Business and
Market Development

Theresa Kennedy,
VP Corporate Communications

Scientific Advisory Board

Dr. Norman C.W. Wong,
M.D., F.R.C.P.(C)
Chairman and Co-founder,
Calgary, Alberta

Dr. Lawrence Chan, M.D., D.Sc.
Houston, Texas

Dr. Jacques Genest Jr.,
M.D., F.R.C.P.(C)
Montreal, Quebec

Dr. Patrick Lee, Ph.D.
Halifax, Nova Scotia

Dr. Victor Ling, Ph.D.
Vancouver, British Columbia

Dr. J. Hans van de Sande, Ph. D.
Calgary, Alberta

Dr. James K. Liao, M.D.
Boston, Massachusetts

Dr. George Adams, Ph.D.
Toronto, Ontario

Auditors

KPMG LLP
Calgary, Alberta

Legal Counsel

Borden Ladner Gervais LLP
Calgary, Alberta

Patent Counsel

Finnegan, Henderson, Farabow,
Garrett & Dunner, LLP
Washington, District of Columbia

Pillsbury Winthrop Shaw Pittman LLP
San Francisco, California

Registrar and Transfer Agent

Valiant Trust Company
Calgary, Alberta

Stock Exchange Listing

TSX Trading Symbol: RVX

Investor Relations Information

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Additional information related to the Company may be found on SEDAR at www.sedar.com.

In addition, the Company maintains updated information on its website at www.resverlogix.com.

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